

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00111278	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Karen Cross		Date M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 512 10th St		Amount 5.00	
City State Zip Code Washington DC 20004		<b>Transaction ID:</b> EF0AF8F0054364889B3B	
Purpose of Expenditure S4AZ00030 Recording for Radio		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Sen. Jon Kyl		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 27103.70		2006	
Full Name (Last, First, Middle, Initial) of Payee Eu Services		Date M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address P.O. Box 75241		Amount 3789.50	
City State Zip Code Baltimore MD 21275-5241		<b>Transaction ID:</b> EF306E33C5CC7491E884	
Purpose of Expenditure S2MO00353 Bulk Mail- ing - ACT Bulk11		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		3794.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 9	